

Domestic Health Maintenance Organizations

Nebraska Department of Insurance
941 "O" Street, Suite 400
Lincoln, NE 68508-3639

Nebraska Co. I.D. No.	Contact Person
NAIC No.	E-Mail Address
Federal Tax I.D. No.	Telephone

Company Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

State of _____)
County of _____) ss

I, _____, being duly sworn on oath say that I am _____
of the _____ Insurance Company of the State of _____
and that the tax statement is correctly computed in accordance with the foregoing instructions.

(Signature)

Subscribed and sworn to before me, a Notary Public, this day of 20

(Notary Public)

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SECTION II - PREMIUM TAX

GROUP ACCIDENT AND HEALTH PREMIUMS

1.	Gross direct premiums received on Nebraska business	.00
2.	Credit (group) premiums received on Nebraska business	.00
3.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
4.	Gross taxable premiums (Line 1 plus Line 2 and Line 3)	.00
5.	Dividends paid or credited to policyholders	.00
6.	Net taxable premiums (Line 4 minus Line 5)	.00
7.	Tax rate applicable	
8.	Tax (Multiply Line 6 by Line 7)	.00

CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS

9.	Gross direct premiums received on Nebraska business	.00
10.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
11.	Gross taxable premiums (Line 9 plus Line 10)	.00
12.	Dividends paid or credited to policyholders	.00
13.	Net taxable premiums (Line 11 minus Line 12)	.00
14.	Tax rate applicable	
15.	Tax (Multiply Line 13 by Line 14)	.00

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ALL OTHER PREMIUMS

16.	Gross direct premiums received on Nebraska business (Annuities not taxed)	.00
17.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
18.	Gross taxable premiums (Line 16 plus Line 17)	.00
19.	Premiums included in Line 16 for pension, profit-sharing, individually sponsored retirement plans and other pension contracts which are described in Section 818(A) of the Internal Revenue Code of 1986, As Amended. Do not deduct dividends on these plans.	.00
20.	Dividends paid or credited to policyholders	.00
21.	Net taxable premiums (Line 18 minus line 19 and Line 20)	.00
22.	Tax rate applicable	
23.	Tax (Multiply Line 21 by Line 22)	.00
24.	Total premium tax (Line 8 plus Line 15 and Line 23)	.00
25.	Tax deductions: (See Instructions)	
	A. Guaranty fund assessments	.00
	B. Community development	.00
26.	Total tax deductions (Line 25A plus Line 25B)	.00
27.	NET PREMIUM TAX (LINE 24 MINUS LINE 26. IF LESS THAN ZERO, ENTER ZERO)	.00

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SECTION III - FEES

28.	Renewal of Certificate of Authority	.00
29.	Filing Annual Statement	.00
30.	Insurance Fraud Fee	.00
31.	Total fees (Sum of Lines 28 through Line 30)	.00

SECTION IV – SUMMARY OF TAXES AND FEES

32.	Premium tax (Line 27)	.00
33.	Fees (Line 31)	.00
34.	Total taxes and fees (Line 32 plus Line 33)	.00
35.	Prepayments (April 15, June 15, September 15; payments and applied credits)	.00
36.	Unapplied credit balance	.00
37.	Total prepayments and unapplied credits (Line 35 plus Line 36)	.00
38.	Balance due (If Line 34 is greater than Line 37, enter amount. Enclose payment of this amount)	.00
39.	Overpayment (If Line 37 is greater than Line 34, enter amount here)	.00
40.	Amount to be refunded	.00
41.	Amount to be credited to prepayment	.00

CHECKLIST

	YES	NO
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		

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